



# Eligibility

Arm yourself with accurate patient insurance coverage data and customize the responses to your specifications

As your margins continue to shrink, you can't afford to waste time with incorrect payer or benefit information. Just as a doctor needs a stethoscope to know what's going on with a patient's heartbeat, you need accurate eligibility data to know how much and which payer to bill—and to let patients know what they owe up front.

**Eligibility** simplifies the insurance verification process using search optimization functionality and data enrichment intelligence. Eligibility takes your request submission and results review tasks and sends back accurate and actionable insurance data.

Like the doctor mentioned earlier, having the right tool for the job is critical. Eligibility verifies coverage at any point in the billing process — from pre-arrival to check-in to charge entry, claims submission and payment posting — in batch or real-time.

## How we do it

- We apply rules-based data processing, to analyze payer eligibility responses and embed intelligent data and messages to clearly display information relevant to your organization
- The solution standardizes results so benefit information is consistently represented across all payers and easily interpreted by users
- We use rules-based logic to retrieve additional eligibility information based on results from a specific request, without need for additional user intervention

## Payer connections

- The original payer response is augmented with critical information from payer websites, locally stored data and additional resources, to enrich the data and create more user-friendly, detailed responses
- **CAQH COB Smart™** enhanced Coordination of Benefits data helps proactively address COB instances, reduce errors and streamline processes.
- Our teams update our **890+ payer connection** list weekly to enable providers to electronically verify coverage for the maximum number of patients

## Custom response

- We compare information from your request, to the payer's response, and automatically update the patient's coverage record, saving time avoiding downstream plan-based issues
- Users create personalized views of the response data from each payer, increasing efficiency and productivity using **My Response®**

## What you get

When patients and providers are aware of their coverage, co-pays and deductibles at the time of service, you experience fewer payment delays, less confusion and minimal need for follow-up.

Increase patient satisfaction

Proactively identify & address coverage issues up-front

Avoid plan-based issues

Increase efficiency & productivity

Reduce payment delays & improve cash flow

Reduce insurance errors